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## Medical Imagery

## Nocardia brain abscess

A 33-year-old man presented with a two-month history of headache, nausea and vomiting, giddiness, blurred vision, and occasional fever. His past medical history was remarkable for persistent tinnitus, which had started 15 years earlier, after an

episode of acute sinusitis. Physical examination revealed a right inferior homonymous quadrantanopsia and right hypoacusia. Sagittal T<sub>1</sub>-weighted, axial T<sub>2</sub>-weighted, and contrast-enhanced coronal T<sub>1</sub>-weighted magnetic resonance imaging of the head

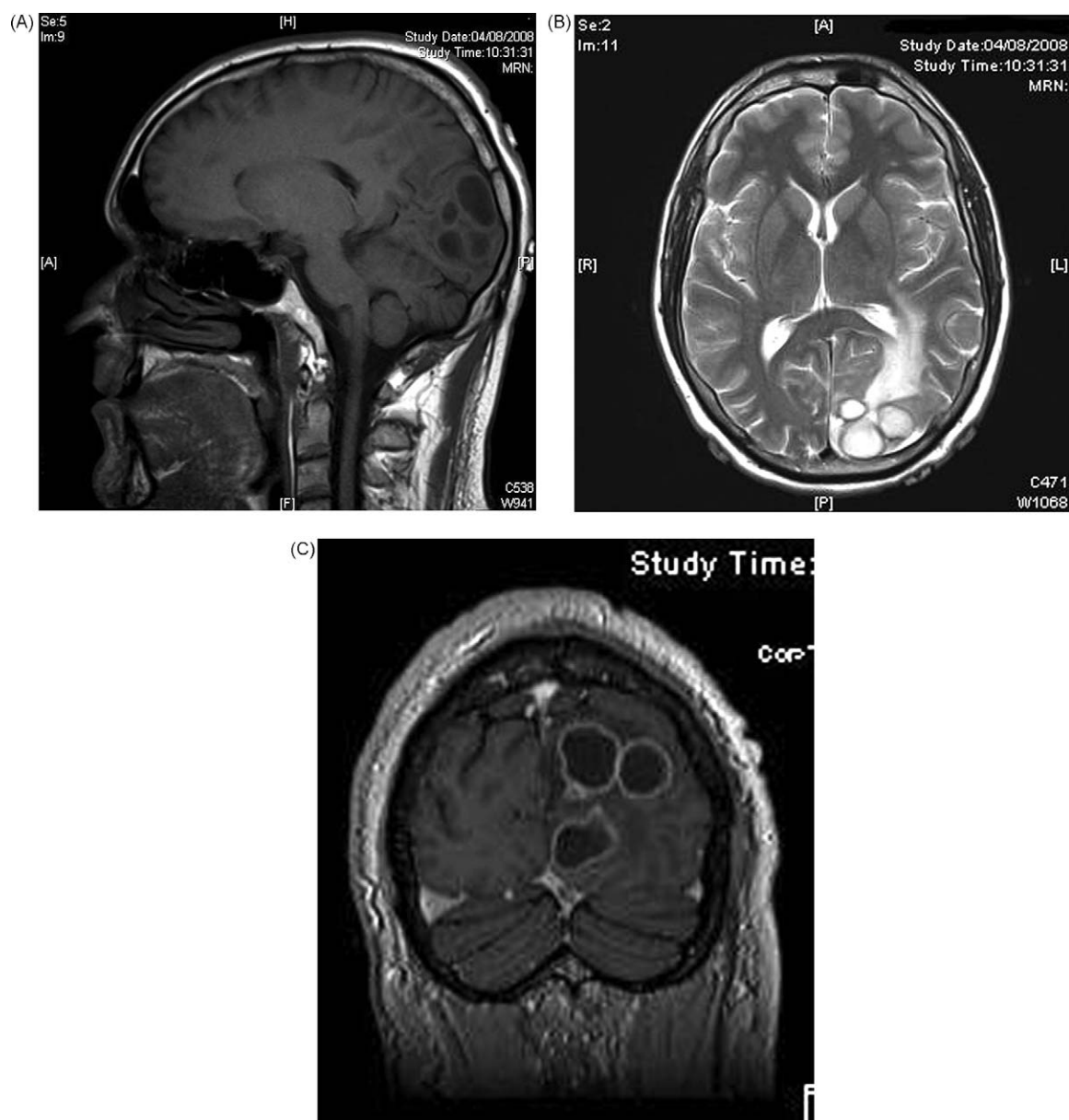


Figure 1.

(Figure 1, panels A, B and C, respectively) showed a left occipital polylobulated cystic lesion, with contrast-enhancing fine walls. A left occipital craniotomy was carried out, and the lesion, which consisted of abundant purulent material, was removed. Direct microscopic examination of the specimen disclosed branching, beaded, Gram-positive filaments, suggestive of *Nocardia* spp, and culture grew *Nocardia nova*.

*Conflict of interest:* No conflict of interest to declare.

Bernardino Roca\*, Jesús Merino  
Hospital General of Castellon, University of Valencia, 12004, Spain

\*Corresponding author  
E-mail address: [brocav@meditex.es](mailto:brocav@meditex.es)  
(B. Roca)

**Corresponding Editor:** William Cameron, Ottawa, Canada